DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200300153-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

	s are listed below) of the tion entitled:	subject matter which	ch is claimed and for which a
the specification of which is	attached hereto unless th	a following box is ch	ockad:
the specification of which is attached hereto unless the following box is checked:			
() was filed on as US Application No. or PCT International Application Number and was amended on (if applicable).			
	ended by any amendment	(s) referred to above	above-identified specification, b. I acknowledge the duty to FR 1.56.
Foreign Application(s) and/or Claim	of Foreign Priority	٠	
I hereby claim foreign priority bene- inventor(s) certificate listed below a a filing date before that of the applic	ind have also identified below a	ny foreign application for p	ny foreign application(s) for patent or patent or inventor(s) certificate having
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: NO:
			YES: NO:
Provisional Application I hereby claim the benefit under Tit below:	le 35, United States Code Sect		States provisional application(s) listed
- A- A	APPLICATION NUMBER	FILING DATE	
		·	
U. S. Priority Claim			
information as defined in Title 37, Code of Federal Regulations, Secapplication and the national or PCT international filing date of this a			
			
business in the Patent and Trademan	rk Office connected therewith:	Place Customer	cute this application and transact all
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made on information and builth the knowledge that w	pelief are believed to be to willful false statements a er Section 1001 of Title	true; and further that and the like so mad 18 of the United Sta	re true and that all statements these statements were made de are punishable by fine or tes Code and that such willful tissued thereon.
Full Name of Inventor: MANISH	SHARMA	Citizenship: INC	DIA
Residence: 936 Cambridge Av , Sunnyvale, Calif 94087			
Post Office Address: 936 Cambridge Av , Sunnyval , Calif 94087			
Inventor's Signature	<u></u>		ine 2003

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